



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

<http://www.dmas.virginia.gov>

# MEDICAID MEMO

**TO:** All Providers, Contractors, and Managed Care Organizations (MCOs) Participating in the Virginia Medicaid and FAMIS Programs

**FROM:** Karen Kimsey, Director  
Department of Medical Assistance Services (DMAS)

**DATE:** TBD

**SUBJECT:** Cardinal Care <sup>SM</sup> Virginia's Medicaid Program

The purpose of this memo is to provide information on the Department of Medical Assistance Services' (DMAS') Cardinal Care Program. This is the first in a series of communications about the Cardinal Care Program. Overall, Cardinal Care will strengthen the Department's ability to provide high quality care for more than 2 million Virginians. Cardinal Care will follow a **strategic, phased-in implementation, beginning July 1, 2022 and will be fully-operationalized by January 1, 2023.**

**In the first phase of this multi-phase initiative, DMAS will:**

- 1) Merge and unify the Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) programs under a single managed care contract effective July 1, 2022.
- 2) Rebrand the fee-for-service and managed care programs under a single name, Cardinal Care. The rebranding strategy will follow a phased implementation plan from July 1, 2022 – January 1, 2023

**BACKGROUND**

Virginia Medicaid serves the vast majority (96%) of its full-benefit members through managed care. DMAS currently runs two separate and mature managed care programs. The Medallion 4.0 program serves approximately 1.5 million individuals, and primarily includes children, pregnant individuals, and Medicaid expansion adults. The CCC Plus program serves approximately 291,000 individuals, including vulnerable populations, such as members receiving long-term services and supports (LTSS), those with severe mental illness, dual Medicare-Medicaid eligible members, and medically complex Medicaid expansion adults. The same six managed care organizations (MCOs) administer both the Medallion 4.0 and CCC Plus programs.

**CARDINAL CARE MANAGED CARE**

Pursuant to Item 313.EE of the 2021 Appropriations Act<sup>1</sup>, on July 1, 2022, DMAS will merge its existing managed care programs, Medallion 4.0 and CCC Plus, under a single managed care

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<sup>1</sup> <https://budget.lis.virginia.gov/item/2021/2/HB1800/Enrolled/1/313/>

program. The program will operate as Cardinal Care Managed Care with the same six MCOs that currently administer both the Medallion 4.0 and CCC Plus programs.

### **Cardinal Care Populations and Services**

The transition to Cardinal Care should be seamless for members. Cardinal Care members will continue to be served through fee-for-service and managed care delivery systems. The combined Cardinal Care Managed Care program includes all populations and services that had been included in either the Medallion 4.0 or CCC Plus programs. See Attachment 1 for Cardinal Care Managed Care excluded populations and Attachment 2 for a listing of managed care carved-out services. Populations and services excluded from managed care will continue to be managed through the DMAS fee-for-service program.

### **Cardinal Care Managed Care Member Enrollment**

Having one managed care program will reduce confusion, simplify the member experience, reduce enrollment churn between managed care and fee-for-service, and improve continuity of care as the member's needs evolve over time. A member's managed care enrollment will continue to be contingent on the individual's Medicaid/Family Access to Medical Insurance Security (FAMIS) eligibility. The transition to Cardinal Care will not disrupt an eligible member's health plan enrollment. Members will also continue to have the option to change their health plan at annual open enrollment. Open enrollment periods will continue to follow the CCC Plus and Medallion rules until December 31, 2022. Beginning January 1, 2023, open enrollment for all Cardinal Care Managed Care members will follow the regional open enrollment schedule outlined in Attachment 3 of this memo.

DMAS will inform Members about Cardinal Care through various forms of communication, including member managed care enrollment notices. Cardinal Care Managed Care Members with significant health needs will continue to have access to comprehensive care management services through their health plan.

### **Cardinal Care Managed Care Provider Participation**

Providers may continue serving managed care members through their existing Medallion 4.0 and CCC Plus health plan contracts. MCOs will have until January 1, 2023, to align to a single Cardinal Care Managed Care contract with providers. DMAS and the managed care plans will work to make the transition from CCC Plus/Medallion 4.0 to Cardinal Care Managed Care easy for providers. Moving to a unified managed care program will simplify the provider contracting and credentialing process during provider enrollment and renewal. Once fully implemented, providers will only need to maintain and adhere to one contract and credentialing process for each of the six health plans at initial enrollment and renewal.

## **VIRGINIA MEDICAID IS REBRANDING AS *CARDINAL CARE***

DMAS will rebrand its Medicaid and FAMIS programs to Cardinal Care using a phased implementation from July 1, 2022 through January 1, 2023. DMAS will retire the use of Medallion 4.0 and CCC Plus managed care program names on December 31, 2022. DMAS will update its website and member materials through a strategic approach to incorporate the Cardinal Care brand and logo.

## **NEW CARDINAL CARE MEDICAID, FAMIS AND PLAN FIRST ID CARDS**

Beginning on and after January 1, 2023, DMAS will begin to replace the current blue and white Medicaid/FAMIS fee-for-service ID cards with updated ID cards that prominently display the Cardinal Care logo. The ID cards will also display information needed for fee-for-service claims processing and useful contact information for members and providers. *Plan First* ID cards will also be updated and will continue to clearly reflect the program's limited benefits coverage, i.e., birth control and services to help prevent unplanned pregnancies. DMAS will not be issuing replacement fee-for-service ID cards to all populations at the same time. Newly eligible members will be the first to receive the new fee-for-service ID cards. The agency will gradually send new fee-for-service ID cards to all members. The existing blue and white Medicaid/FAMIS ID fee-for-service ID cards will continue to be valid until they are replaced; either card will enable fee-for-service claims processing. MCOs will also revise MCO member ID cards by January 1, 2023 to remove Medallion 4.0 and CCC Plus program names and to include the Cardinal Care logo.

### **DMAS' MANAGED CARE ENROLLMENT BROKER**

DMAS' enrollment broker manages the enrollment helplines and websites for both managed care programs and is a great resource to help members make informed health plan selections utilizing health plan comparison data, provider network information, MCO added benefits, choice counseling services and more. The enrollment broker currently handles these services separately for Medallion 4.0 and CCC Plus. In collaboration with DMAS, the enrollment broker will transition to support the consolidated Cardinal Care Managed Care program. Beginning January 1, 2023, members will be able to select or change their MCO through the Cardinal Care Managed Care phone number and web-based application. During the transition, members should continue to use the CCC Plus and Medallion 4.0 enrollment broker numbers/websites, per the managed care enrollment communications sent by DMAS to members during initial managed care enrollment, annual open enrollment, and managed care re-enrollment, as applicable. More information about enrollment broker related processes will be shared in a future Cardinal Care Medicaid Memo.

### **ELIGIBILITY AND MCO ENROLLMENT VERIFICATION**

Providers should continue to use the DMAS web-based automated response system (ARS) and the Medicaid telephonic system, and 270/271 eligibility transactions to verify member eligibility and managed care enrollment. DMAS will continue to use the CCC Plus and Medallion 4.0 program names through December 31, 2022. The DMAS eligibility verification systems will also continue to reflect a member's enrollment in CCC Plus or Medallion 4.0 through December 31, 2022. On and after January 1, 2023, DMAS will retire the use of the CCC Plus and Medallion 4.0 program names, and the DMAS eligibility verification systems will simply reflect the member's fee-for-service or MCO enrollment. For MCO enrolled members, eligibility verification systems will also include the member's MCO name and enrollment dates.

### **DMAS SERVICE AUTHORIZATION AND CLAIMS**

The Department's fee-for-service service authorization and claims processing rules will not change as a result of Cardinal Care. Providers should continue to use the same service authorization and billing processes for Fee-For-Service unless notified of a specific change.

### **CARDINAL CARE MCO CONTACTS**

MCOs will issue separate guidance to providers regarding any Cardinal Care related changes to MCO contracting, claims, and service authorization processes. Providers may also contact the MCOs directly.

<b>Cardinal Care Managed Care Plans Provider Services Contact Information</b>	
<b>MCO</b>	<b>Phone/Website</b>
Aetna Better Health of Virginia	1-800-279-1878 <a href="https://www.aetnabetterhealth.com/virginia/providers/index.html">https://www.aetnabetterhealth.com/virginia/providers/index.html</a>
Anthem HealthKeepers Plus	Medallion - 1-800-901-0020 CCC Plus – 1-855-323-4687 <a href="https://www.anthem.com/">https://www.anthem.com/</a>
Molina Healthcare of Virginia	1-800-424-4518 <a href="https://www.molinahealthcare.com/providers/va/medicaid/home.aspx">https://www.molinahealthcare.com/providers/va/medicaid/home.aspx</a>
Optima Health	Medical - 1-800-229-8822 Behavioral Health – 1-800-648-8420 <a href="https://www.optimahealth.com/providers/">https://www.optimahealth.com/providers/</a>
UnitedHealthcare	Medallion: 1-844-284-0146 CCC Plus: 1-877-843-4366 <a href="http://www.uhcprovider.com/">www.uhcprovider.com/</a>
Virginia Premier Health Plan	1-800-727-7536 <a href="https://www.virginiapremier.com/providers/medicaid/provider-resources/">https://www.virginiapremier.com/providers/medicaid/provider-resources/</a>

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<b>PROVIDER CONTACT INFORMATION &amp; RESOURCES</b>	
<b>Virginia Medicaid Web Portal Automated Response System (ARS)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	<a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>
<b>Medicall (Audio Response System)</b> Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
<b>KEPRO</b> Service authorization information for fee-for-service members.	<a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a>
<b>Provider Appeals</b> DMAS launched an appeals portal in 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.	<a href="https://www.dmas.virginia.gov/appeals/">https://www.dmas.virginia.gov/appeals/</a>
<b>Managed Care Programs</b> Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE	

<p>provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.</p>	
<b>Medallion 4.0</b>	<a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a>
<b>CCC Plus</b>	<a href="http://www.dmas.virginia.gov/#/cccplus">http://www.dmas.virginia.gov/#/cccplus</a>
<b>PACE</b>	<a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a>
<p><b>Magellan Behavioral Health</b>                      Behavioral Health Services                      Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for-service members.</p>	<p><a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a>                      For credentialing and behavioral health service information, visit:  <a href="http://www.magellanofvirginia.com">www.magellanofvirginia.com</a>, email:  <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a>, or                      Call: 1-800-424-4046</p>
<p><b>Provider HELPLINE</b>                      Monday–Friday 8:00 a.m.-5:00 p.m.                      For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273                      1-800-552-8627</p>
Aetna Better Health of Virginia	<p><a href="http://www.aetnabetterhealth.com/Virginia">www.aetnabetterhealth.com/Virginia</a>                      1-800-279-1878</p>
Anthem HealthKeepers Plus	<p><a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a>                      1-800-901-0020</p>
Molina Complete Care	<p>1-800-424-4524 (CCC+)                      1-800-424-4518 (M4)</p>
Optima Family Care	1-800-881-2166 <a href="http://www.optimahealth.com/medicaid">www.optimahealth.com/medicaid</a>
United Healthcare	<p><a href="http://www.Uhccommunityplan.com/VA">www.Uhccommunityplan.com/VA</a>                      and <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a>                      1-844-752-9434, TTY 711</p>
Virginia Premier	1-800-727-7536 (TTY: 711), <a href="http://www.virginiapremier.com">www.virginiapremier.com</a>

## **Attachment 1 – Cardinal Care Managed Care Excluded Populations**

The combined Cardinal Care Managed Care program includes all populations that had been served under either the Medallion 4.0 or CCC Plus programs.<sup>2</sup> The following individuals are excluded from Cardinal Care Managed Care participation. Services for excluded populations will continue to be managed through the DMAS fee-for-service program/contractors.

1. Program of All-inclusive Care for the Elderly (PACE) program participants
2. Health Insurance Premium Payment (HIPP) program or the FAMIS Select program participants
3. Virginia Birth Injury Fund participants
4. Individuals with temporary eligibility coverage (less than 3 months), retroactive eligibility coverage (other than newborns), presumptive eligibility coverage, or Medicaid-eligible in limited coverage groups, including, Plan First, Medicare Savings (QMB, SLMP, QDWI, QI), and spend-down individuals with a limited period of full coverage
5. Individuals who elect hospice benefits while enrolled in fee-for-service will not be enrolled into managed care. However, a managed care enrolled individual who subsequently enters a hospice program will remain managed care enrolled.
6. Individuals who live in areas where less than two MCOs participate, such as Tangier Island
7. Individuals under age twenty-one (21) years of age who are approved for admission to a Virginia Medicaid Psychiatric Residential Treatment Facility (PRTF) program
8. Individuals of any age who are institutionalized in State or private Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/ID) and State Mental Health Intermediate Care Facilities, and Piedmont, Hiram Davis, and Hancock State facilities operated by DBHDS, (members admitted to State acute care facilities are not excluded)
9. Individuals aged twenty-one (21) to sixty-four (64) who are hospitalized in a State or private institution for mental disease (IMD), other than individuals admitted to an IMD as part of a MCO Contractor approved admission, in lieu of an acute care hospital (psychiatric unit), consistent with Title 42 Code of Federal Regulations (CFR) §438.6(e)
10. Individuals who reside in the following nursing facilities:
  - a. Bedford County Nursing Home
  - b. Birmingham Green
  - c. Dogwood Village of Orange County Health
  - d. Lake Taylor Transitional Care Hospital (Different from Lake Taylor Long-Stay Hospital)
  - e. Lucy Corr Nursing Home
  - f. The Virginia Home Nursing Facility
  - g. Virginia Veterans Care Center
  - h. Sitter and Barfoot Veterans Care Center
  - i. Braintree Manor Nursing Facility and Rehabilitation Center
  - j. Any Christian Science Sanatoria Facility
11. Individuals who are incarcerated (individuals on house arrest are not considered incarcerated).

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<sup>2</sup> For example, enrollment into Cardinal Care Managed Care for newborns of managed care enrolled individuals will include enrollment for at least the birth month plus two additional months, in following with the current Medallion 4.0 Contract. Also, individuals who are in the hospital at the time of initial MCO enrollment are no longer excluded from managed care, in following with the current CCC Plus Contract.

12. Pregnant individuals, in Medicaid or FAMIS MOMS, who are in their third trimester of the pregnancy, who are approved under a good cause exemption to temporarily return to fee-for-service when their Obstetrician-Gynecologist provider is enrolled in Medicaid FFS but does not participate with any of the Medicaid health plans.

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## **Attachment 2 - Cardinal Care Managed Care Carved-Out Services**

The following services are carved-out of the Cardinal Care Managed Care program. Managed care members will receive coverage for carved-out services through the DMAS fee-for-service program/contractor.

1. Dental Services, which will continue to be administered through the DMAS Dental Benefits Administrator.
2. Developmental Disability (DD) Waiver Services, DD Case Management Services, and related transportation services. Individuals participating in one of the DD Waivers will be enrolled in Cardinal Care Managed Care for their non-waiver services. DD waiver services will continue to be provided through the current fee-for-service delivery system, which is administered by DMAS and the Virginia Department of Behavioral Health and Developmental Services (DBHDS).
3. School services provided as part of the member's individualized education program (IEP) plan.
4. Tribal Clinic Services; coverage will be provided in accordance with the Tribal Clinic provider's agreement with DMAS.

**Attachment 3 - Cardinal Care Managed Care Open Enrollment**

<b>Managed Care Open Enrollment for July 1, 2022 – December 31, 2022</b>	
<b>Population</b>	<b>Annual Open Enrollment</b>
Medallion 4.0 Populations, FAMIS, FAMIS MOMS, and FAMIS Prenatal Coverage (PC) Members	<ol style="list-style-type: none"> <li>1. Roanoke/Allegheny and Southwest Regions: December 19 – February 28, 2022</li> <li>2. Tidewater Region: February 19 – April 30, 2022</li> <li>3. Central Region: April 19 – June 30, 2022</li> <li>4. Northern Virginia Region: June 19 – August 31, 2022</li> <li>5. Charlottesville/Western Halifax Regions: August 19 – October 31, 2022</li> </ol>
Medallion 4.0 and CCC Plus Medicaid MAGI Adult Members (Medicaid expansion members)	November 1 – December 31, 2022
CCC Plus Populations, except MAGI/Medicaid Expansion Adults (per above)	<p>October 1 – December 31, 2022</p> <p>Open enrollment dates will be the same regardless of the region in which the Member resides.</p>
<b>Cardinal Care Managed Care Open Enrollment Beginning January 1, 2023</b>	
<b>Population</b>	<b>Annual Open Enrollment</b>
<p>Managed care participants</p> <p>An individual enrolled in managed care will be assigned an annual managed care open enrollment time frame based on the region in which they reside.</p>	<ol style="list-style-type: none"> <li>1. Tidewater Region: February 19 – April 30, 2023</li> <li>2. Central Region: April 19 – June 30, 2023</li> <li>3. Northern Virginia Region: June 19 – August 31, 2023</li> <li>4. Charlottesville/Western Halifax Regions: August 19 – October 31, 2023</li> <li>5. Roanoke/Allegheny and Southwest Regions: December 19, 2023 – February 28, 2024</li> </ol>